

AUTO CR - LOG SUMMARY #1072819

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that while the involved officer was placing the subject into handcuffs, the subject swung his elbows towards the involved officer's skull in a threatening manner that placed the involved officer in fear of receiving a battery at which time, the officer deployed his taser and the subject escaped.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FLECHSIG, MARK E	1733		003 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
05-DEC-2014 12:11 - 05-DEC-2014 12:11		0312	003	092 - ALLEY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject						M	BLK		
CPD Employee	Involved Member	ANDREWS, ANTRINIUS L	11584		003 /	POLICE OFFICER	M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	14-DEC-2016 10:11	WESTENSEE, JAY	DEPUTY CHIEF ADMINISTRATOR	113 /	Status changed and re-closed for purposes of adding missing 20C category code.
PENDING SUPERVISOR REVIEW	14-DEC-2016 10:11	WESTENSEE, JAY	DEPUTY CHIEF ADMINISTRATOR	113 /	
PRELIMINARY	14-DEC-2016 10:10	WESTENSEE, JAY	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	30-DEC-2014 02:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-DEC-2014 02:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	06-DEC-2014 03:38	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	05-DEC-2014 09:49	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-DEC-2014 09:39	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-DEC-2014 09:33	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-DEC-2014 07:20	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-DEC-2014 01:49	CHIBE, JOHN	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	05-DEC-2014 01:49			
	DOCUMENTS - INTAKE INCIDENT		2		N	TOUSANT, LISA	05-DEC-2014 09:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	ANDREWS ANTRINIUS L 11584	N	TOUSANT, LISA	05-DEC-2014 07:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	ZZX30064T	N	TOUSANT, LISA	05-DEC-2014 09:43	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 05-DEC-2014) - LOG #1072819

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FLECHSIG, MARK E	1733		003 /	SERGEANT OF POLICE	M	WHI		

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	05-DEC-2014 01:49	CHIBE, JOHN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	14-DEC-2016 10:11	WESTENSEE, JAY	DEPUTY CHIEF ADMINISTRATOR	113 /	Status changed and re-closed for purposes of adding missing 20C category code.
PENDING SUPERVISOR REVIEW	14-DEC-2016 10:11	WESTENSEE, JAY	DEPUTY CHIEF ADMINISTRATOR	113 /	
PRELIMINARY	14-DEC-2016 10:10	WESTENSEE, JAY	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	05-DEC-2014 09:39	TOUSANT, LISA	INTAKE AIDE	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	05-DEC-2014 09:33	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-DEC-2014 07:20	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	05-DEC-2014 01:49	CHIBE, JOHN	POLICE OFFICER	116 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 05-DEC-2014		TIME 00:05:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 092		4. BEAT/OCCUR 0312									
	5. POSITION 9161		6. LAST NAME ANDREWS		7. FIRST NAME ANTRINIUS L		8. STAR NO. 11584		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 506		13. WT. 160		
	14. DATE OF APPT. 31-AUG-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 003 0362F		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. O		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 601		27. WT. 158				
	28. PHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED								37. CB NO.		IR NO.									
REASON FOR USE OF FORCE (Check all that apply)	38. DNA																		
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
	MEMBER'S RESPONSE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____								
		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER TASER (PROBE DISCHARGE) _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
WEAPON DISCHARGE INCIDENT	39. DNA																		
	40. ADDITIONAL INFORMATION																		
	POSITION		STAR NO.		UNIT														
		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
		49. TASER DART ID NO. C62004VRO, C62004VRY		50. WEAPON SERIAL No. (Include Letters) ZZX30064T		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED									
		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
CASE INFO.	72.																		
	NOTIFICATIONS (OC OR TASER INCIDENT):		<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR.		<input type="checkbox"/> CPIC														
	NOTIFICATIONS (FIREARM INCIDENT):		<input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC		<input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.														
		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
SIGNATURES	73. REPORTING MEMBER (Print Name) ANDREWS, ANTRINIUS L		STAR/EMPLOYEE NO. 11584		SIGNATURE [REDACTED]														
	05-DEC-2014 01:54:33																		
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																		
		74. REVIEWING SUPERVISOR (Print Name) FLECHSIG, MARK E		STAR NO. 1733		SIGNATURE [REDACTED]		DATE REVIEWED 05-DEC-2014 01:59:37		TIME									

CPD-11.3.77 (REV. 10/07)

CPD 0268384

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
			45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
	49. TASER DART ID NO. C62004VRO		50. WEAPON SERIAL No. (Include Letters) ZZX30064T		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED	
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. <div></div>	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject fled the scene.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/Lt has concluded that the officer's action were in compliance with department rules and general orders regarding the use of force. LOG number obtained due to taser discharge.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072819 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DOSS, DARREN W

SIGNATURE

DATE COMPLETED

TIME

05-DEC-2014 03:22:22

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID [REDACTED]
EVENT [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0554 - Assault - Agg Po Hands No/Min Injury		
	0910 - Motor Vehicle Theft - Automobile		
	Occurrence Location: [REDACTED] 092 - Alley	Beat: 0312	Unit Assigned: 0362D RO Arrival Date: 05 December 2014 00:05
	Occurrence Date: 05 December 2014 00:05		# Offenders: 2

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: STATE OF ILLINOIS, P.O. Andrews #11584 7040 S Cottage Grove Ave Chicago, Illinois 312 - 747 - 8201 Beat: 0321 Sobriety: Sober CPD Officer: Yes		
	TITLE HOLDER/FINANCIAL INST.		
	Name: UNKNOWN [REDACTED], Illinois CPD Officer: No		
	LAST PERSON DRIVING VEHICLE		
	Name: [REDACTED] Res: [REDACTED] Beat: 0912 CPD Officer: No		

SUSPECT(S)	Suspect # 1		
	Name: [REDACTED] Res: [REDACTED] Unknown	Beat: 0912	Demographics Male Black 6'01, 178 lbs , Brown Eyes Black Hair Medium Hair Style Medium Brown Complexion DOB: [REDACTED] Age: 21 years Birth Place: Illinois State Id - [REDACTED]

RD # [REDACTED]



SUSPECT(S)	Suspect # 2	
	Name: [REDACTED] Res: [REDACTED] Unknown	Beat: 1135 Demographics Male Black 6'01, 158 lbs , Brown Eyes Black Hair Medium Hair Style Dark Brown Complexion DOB: [REDACTED] Age: 20 years Birth Place: Illinois State Id - [REDACTED]

RELATIONSHIP	STATE OF ILLINOIS, P.O. Andre (Victim)		is a No Relationship of [REDACTED] (Offender)	
	STATE OF ILLINOIS, P.O. Andre (Victim)		is a No Relationship of [REDACTED] (Offender)	

VEHICLE	Vehicle #1	
	Vehicle: 2005 Ford - Taurus - Automobile Color- Gold/Gold Top/Bottom: Stolen? Mes Damaged? No Destroyed? No Burned? No Theft From? No Recovered? No Possessor/User: [REDACTED] VIN #: 1FAFP53U95A171774 License Plate #: V117249 - Illinois - Passenger Car Expires: May-2015 Towed? No	Owner: Trevon Afflalo Style: Sedan, 4-Door

VEHICLE THEFT	City License: [REDACTED] Expires: 01-March-2015 City License Verified? No State License Verified? Yes VIN Verified? Yes		Doors Locked? No Ignition Locked? No Keys in Vehicle? Yes Victim's Whereabouts: [REDACTED] Purchased From: Unk [REDACTED]	
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NARRATIVES	EVENT# [REDACTED] -- IN SUMMARY, WHILE ON PATROL R/O'S OBSERVED A GOLD IN COLOR FORD VEHICLE (BEARING IL PLATES [REDACTED] TO BE TRAVELING WB IN THE VICINITY OF [REDACTED] FURTHERMORE, R/O'S NOTICED THAT THE AFOREMENTIONED VEHICLE WAS DRIVING THE WRONG WAY ON A ONE WAY STREET AS THE VEHICLE TURNED NB IN THE ALLEY OF [REDACTED] --R/O'S THEN PROCEEDED TO ACTIVATE EMERGENCY EQUIPMENT AND CURBED THE ABOVE LISTED VEHICLE AT A RESTING LOCATION OF [REDACTED] IN ALLEY). A SUBSEQUENT LICENSE PLATE CHECK VIA LEADS RESPONSE REVEALED THAT THE ABOVE LISTED VEHICLE WAS STOLEN ON 04-DEC-2014 UNDER [REDACTED] R/O'S THEN EXITED SQUAD CAR TO CONDUCT A FIELD INVESTIGATION, AT WHICH TIME [REDACTED] (OFFENDER & PASSENGER) WAS SUBSEQUENTLY PLACED INTO CUSTODY FOR CRIMINAL TRESSPASS TO VEHICLE. FURTHERMORE, DURING SAID FIELD INTERVIEW -- THE DRIVER OF ABOVE LISTED VEHICLE WAS POSITIVELY IDENTIFIED BY AN STATE OF ILLINOIS IDENTIFICATION CARD AS [REDACTED] (OFFENDER & DRIVER) (INVENTORIED UNDER # [REDACTED] -- AS P.O. ANDREWS WAS PLACING OFFENDER [REDACTED] INTO CUSTODY BY PUTTING HANDCUFFS ON OFFENDER [REDACTED] OFFENDER [REDACTED] IN AN ATTEMPT TO DEFEAT R/O'S ARREST, FLAIED HIS ELBOWS TOWARDS P.O. ANDREWS' SKULL IN A VIOLENT MANNER WHICH PLACED P.O. ANDREWS IN REASONABLE APPREHENSION OF RECIEVING A BATTERY. IN EFFORT TO DEFEAT	
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NARRATIVES

OFFENDER [REDACTED] AGGRESSIVE ACTIONS, P.O. ANDREWS DEPLOYED TASER AT OFFENDER [REDACTED] WHICH HAD NEGATIVE RESULTS. OFFENDER [REDACTED] THEN PROCEEDED TO FLEE EB TOWARDS EBERHART, WITH ONE HAND STILL BEING HANDCUFFED, AT WHICH TIME A BRIEF FOOT PURSUIT ENSUED. P.O. ANDREWS LOST SIGHT OF OFFENDER [REDACTED] IN THE VICINITY OF 6400 S. RHODES AND OFFENDER WAS NOT SEEN AGAIN. ---STATE OF ILLINIOIS IDENTIFICATOIN CONCLUSION, OFFENDER [REDACTED] WAS TRASNPORTED INTO THE 003 DISTRICT FOR FURTHER PROCESSING. OFFENDER SHAW IS CLEAR IN GIPP AND TWO DEGREES OF ASSOCIATION. OFFENDER [REDACTED] IS HAS NO USC ON HIS PERSON AND DENIES GANG AFFILIATION.---COMPLAINTS WERE SIGNED BY OWNER OF VEHICLE ([REDACTED] WHO RELATED TO R/O'S THAT ON 04-DEC-2014, HE WAS CONDUCTING BUSINESS AT THE ADRESS OF 3510 S. MICHIGAN WHEN HIS CAR WAS STOLEN. ---WASHINGTON OF AD DESK WAS NOTIFIED AT 0135 HRS.---P.O. CHIBE #7303 OF CPIC WAS NOTIFIED @0147 HRS IN REGARDS TO TASER DEPLOYMENT (LOG #ID72819)

NOTIFICATION: AD DESK WASHINGTON Beat#: Star#: Emp#: Date: 05-DEC-2014 Time: 0135 NOT

- STAR#: 5476 NAME: JOSE SANCHEZ BEAT: 0362D

- STAR#: 17831 NAME: MARY SOLIDUM BEAT: 0362D

- STAR#: 11584 NAME: ANTRINIUS ANDREWS BEAT: 0362D

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	11584	[REDACTED]	ANDREWS, Antrinius, L	[REDACTED]	05 Dec 2014 02:52	003	0362D

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
STATE OF ILLINOIS	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
STATE OF ILLINOIS	0910	Motor Vehicle Theft - Automobile	[REDACTED]
STATE OF ILLINOIS	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
12/03/2014 13:40:06	12/03/2014 07:40:06	Armed	C1: 25' Standard C2: 25' Standard		28°C 28°C	92% 92%
12/03/2014 13:40:08	12/03/2014 07:40:08	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	28°C 28°C	92% 92%
12/05/2014 00:58:04	12/04/2014 18:58:04	Armed	C1: 25' Standard C2: 25' Standard		29°C 29°C	92% 92%
12/05/2014 00:58:05	12/04/2014 18:58:05	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		92% 92%
12/05/2014 00:58:06	12/04/2014 18:58:06	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	29°C 29°C	92% 92%
12/05/2014 06:11:29	12/05/2014 00:11:29	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	92% 92%
12/05/2014 06:11:29	12/05/2014 00:11:29	Trigger	C1: Deployed	5s		92% 92%
12/05/2014 06:11:31	12/05/2014 00:11:31	Trigger	C2: Deployed	5s		92% 92%
12/05/2014 06:17:48	12/05/2014 00:17:48	Safe	C1: Deployed C2: Deployed	6m 19s 6m 19s	28°C 28°C	90% 90%
12/05/2014 06:44:27	12/05/2014 00:44:27	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		27°C 27°C	0% 0%
12/05/2014 06:44:47	12/05/2014 00:44:47	Time Sync	12/05/2014 00:44:47 to 12/05/2014 00:46:44			

HX

EV#

362B

ANDREWS #11584

0104
0140
0105
0114

LOG# 1072819

0147hrs

P.O. CHIBE #7303